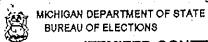


COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE				
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	d signed by andidate.	3. This Statement covers:	om 1/1/14 to 7/28/14	
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I.	
150 470		COZAD	DAVID C.	
		4a. Office Sought Including Di	istrict # or Community Served (If applicable)	
2. Committee Name				
COMMITTEE TO EL	ECT			
DAVID COZAD		4b. County of Residence	BUY	
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address	
2037 BRIAR DR	•	レ,_		
BAYCITY MI 48		X.A76	Y J. COZAD	
DICT C119, MI 48	706	2037	BRIAR DR.	:
10 21 2 1 7	<i>(</i> _	BA4 0	CITY, MI 48706	
Area Code and Phone (989) 684-794	7			
If the address in this box is different from the comm mailing address on the Statement of Organization.	ittee	loca	01/01/7017	
be sent to this address by the filing official.		Area Code & Phone (78)	9)684-7947	
7. Treasurer's Business Address		Designated Record Keeper Designated Record Keeper)	r's Name and Mailing Address (If the committee has a	
2037 BRIAR DR.			,	
BAY CITY, MI 4870	36		Y on E	
Area Code and Phone (989)684-7	947	Area Code and Phone	2 2	-
9. TYPE OF STATEMENT	<u></u> ` •	Alea Code and I none	196.	\dashv
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the	LY if candidate ballot for the	By checking this item I/We certify any outstanding debt	
Pre-Election or Post-Election Statement relates to:	current year:		by the committee to the candidate or his of her spouse is he by discharged and forgiven and no longer collectible from	re
	X July Quarte	erly	the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.	
Primary General	October Q	ıarteriy		
Convention		•	Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.	ĺ
Special	^{9c.} Annual	Statement ()	Effective date of dissolution	
School		Coverage Year		1
Caucus	(Comp	ment to Campaign Statement lete Item 9a, 9b, 9c or 9e to		
	indicate	which Statement is being 🛒	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	İ
	amende	3 d.)	Joseph January Canada, 1 ago.	
Date of Election, Convention or Caucus				
				1
				-
0. Verification: INVe certify that all reasonable dilige	nce was used ir	the preparation of this stateme	ent and affactive schedules (if any) and to the best of	
ny\our knowledge and belief the contents are true, a	ccurate and con	inpiete.	1/4 (/ / / /	
Current Treasurer or	07.00	, Kastu I	Max 7/28/14	1
Designated Record Keeper		Signature)	Date —/////	
7,6 = 200		1/6/21		
Candidate DAVID C. Coz	AD	Allutoles	Date 7/28/14	
Type or Print Name		Signature	, ,	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 150 470
2. Committee Name COHMITTEE TO ELECT DAVID COZAL

middle initial. Check bo	ox to indicate if co	contribution is from an individua ntribution is from a Political Com regardless of amount.	l, enter last name, first name, mittee or an Independent	8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution ≢ 1 Name & Address:	PAC Receipt	YES 4. Date of Rec	pelpt	-	
		,			
•	\wedge	ONE		\$	<u> </u>
5. If over \$100,00 cum	ulative, please pr	ovide:		Click Here	for Memo Itemization
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
i. Contribution #2 iame & Address	PAC Receipt?	YES 4, Date of Rec	elpt		
٠.	٠.			\$	\$
		•	·		
5. If over \$100.00 cum	ulative, please pr	•		Click Here	for Memo Itemization
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser	· · · · · · · · · · · · · · · · · · ·	·
i, Contribution #3 lame & Address;	PAC Receipt?	YES 4. Date of Rec	≫ipt		,
				\$	_ \$
5. If over \$100,00.cum	Jiative, piesse pr	ovide:		Click Here t	or Memo Itemization
Occupation		Employer			
Business Address					•
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
i, Contribution # 4 łame & Address	PAC Receipt?	YES 4. Date of Re	celpt		
				\$. \$
i. If over \$100,00 cumu	ilative, please pr	ovide:		Click Here f	or Memo Itemization
Occupation		Employer		# W. # 1 T T T T	
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
				Ø	,
			Prand Total of All Schedules 1A Aplete on last page of Schedule)	Ø	<u> </u>
/ /		(0011	THE THE WEIGHT PORTS AND	Enter this total on line 3e of Summa	
2age / of /				Page.	



MICHIGAN DEPARTMENT OF STATE Bureau of Elections

ITEMIZED EXPENDITURES SCHEDULE 1B

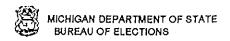
1. Committee I. D. Number 150	470	
2. Committee Name COMMITTEE	TO FLECT	DAVID COZAD
2. Committee Hame or p. 117700		Date 6 Amount

CANDIDATE COMMITTEE 2. C	ommittee Name COMMITTEE 70 ELCO	5 Data	6, Amount
3. Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	O. Alloom
Expenditure #1			
	Purpose:		
Name NoNE			
7,00,000	Expenditure Code		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name	Purpose:		
Address	Expenditure Code		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3		İ	·
Name	Purpose:		
Address		1	
	Expenditure Code		
☐ Fund Raiser	 Check box if this expenditure is payment of debt or obligation reported on previous statement 		
Expenditure #4 .			
Name	Purpose:		
Address	Expenditure Code		
	Check box if this expenditure is payment	<u> </u> 	
☐ Fund Raiser	of debt or obligation reported on previous statement		
Expenditure #5			
Name	Purpose:		
Address			
Address	Expenditure Code		
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtotal this	page	Ø
	Grand Total of all Schedule (Complete on last page of Sch	as 18	8.

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE GODES

			/	
Page	_L_	of		



DEBTS AND OBLIGATIONS

150 470

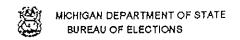
DED 19 AND OBLIGATIONS 1,0	committee I.D. Number	 	······································	
SCHEDULE 1E	Callle	The Second	- 71.40	10211
CANDIDATE COMMITTEE 2. C	committee Name COMMIT	TEE TO ELECT	CHOID	WEAD
This Schedule Itemizes:		····		
a Debts and obligations owed by or forgiven the com (Chec	rnittee OR b. Deb ck either a or b. Use only for the p	ts and obligations owed <u>to</u> o urpose checked.)	r forgiven <u>by</u> the ∞	mmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: <u>LOAN</u>	s		
DAVID C. COZAD 2037 BRIAR DR. BAY CITY, MICHIGAN 48706	5. Date Debt Was Incurred: (6/11/08 6. Original Amount of Debt: \$ 900.00	\$\$\$	\$ <u>Ø</u>	\$ 900.00
if bank loan, name of endorser or guarantor.		Amo	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: <u>LOAN</u>	\$		
DAVID C. COZAD 2037 BRIAK DR. BAY CITY, MICHIGAN 48706	5. <u>Pate Debt Was Incurred</u> : 6/19/08 6. <u>Original Amount of Debt</u> : 5. 500, 00	\$ 	\$	\$ 500.00
if bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by: DAVID C. COZAD	4. Typo: <u>LOAN</u> 5. <u>Date Debt Was Incurred</u> : 7/25/08	\$ \$	~	500.00
BAY CITY, MICHIGAN 49706	6. Original Amount of Debt: \$ 500.00	\$\$	\$	FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
, ,		Page Subtotal (Outstanding debt)	1,900.00

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)

on line 12a "owed by" or line 12b "owed to" of the Summary Page

Enter this total



1. Committee I.D. Number

	150	470	
--	-----	-----	--

SUMMARY PAGE	2. Committee Name COMMITTEE TO EL
CANDIDATE COMMITTEE	2. Coltatation Italia

RECEIPTS	Column	Column II
	This Period	Cumulative this election cycle
3. Contributions	The state of the s	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itamized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(106.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		(24.) 4
a. Owed by the Committee (Schedule 1E)	(123.)\$ 1,900.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 5.85	•
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.).+ \$	
(Une 5, Total Contributions & Other Receipts)	(15.) = \$ <u>5.85</u>	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(18.) • \$	·
(Add lines 9 and 11)	(17.) \$ 5.85.	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.)	